

Sheet 1 of 2  
Schedule #: 98-0058  
Effective Date: 09/08/1998

<b>Date:</b>	03-27-98	<i>(Agency use)</i>	<i>(Archive use)</i>
		Date Received:	04/20/1998
<b>Control No.:</b>	85-83 and 81-393	Agency Code:	0419
<b>Applicant:</b>	Department of Medical Assistance	<b>Phone:</b>	404-656-0991
<b>Address:</b>	2 Peachtree Street 39 <sup>th</sup> Floor Atlanta, Georgia 30303	<b>FAX:</b>	404-656-4913
		<b>Email:</b>	
<b>Creating Office:</b>	Division of Chronic Care Programs		
<b>Address:</b>	2 Peachtree Street 37 <sup>th</sup> Floor Atlanta, Georgia 30303	<b>Phone:</b>	404-657-5389
		<b>FAX:</b>	404-651-9496
		<b>Email:</b>	drosser@dma.state.ga.us
<b>Administrator:</b>	Dorothy A. Rosser Program Director	<b>Phone:</b>	404-657-5389
		<b>FAX:</b>	404-651-9496
		<b>Email:</b>	drosser@dma.state.ga.us
<b>Application Type:</b>	Amend: 85-83 and 81-393		
<b>Series Title:</b>	Quality Assurance/Utilization Review Files		
<b>Date of Series:</b>	1993 and [Ongoing]		
<b>Access:</b>	Confidential - 45 CFR 205.60; Georgia Code Ann. 49-4-150		
<b>Function Documented:</b>	<p>The Division and office function has changed to reflect the following:</p> <p>Quality Assurance/Utilization Review Audits are performed on an on-going basis for all Waivered Services providers. The audits are performed by Medicaid Program Specialist based on State and Federal regulations.</p> <p>The procedure consists of on-site provider and recipient audits to determine if providers are complying with State and Federal regulations and if services are provided appropriately in a quality manner. Additionally, the audit determines on-going recipient eligibility for services. Partial duplications are maintained in State offices located in Statesboro and Ringgold, Georgia</p>		

**STATE OF GEORGIA**  
**RECORDS RETENTION SCHEDULE APPLICATION**

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**Consists of:** Audit reports; recipient letters. Files are maintained separately for providers and recipients. The provider files maintain all audits findings including recipient data. The recipient files maintain specific information regarding audit findings and recommendations pertaining to the individual recipient. These files are utilized for reference in preparation for provider and recipient hearings.

**Media:** Paper and word processing

**Arrangement:** Files are arranged alphabetically by Medicaid provider and recipient. Providers have a Georgia Medicaid number and Recipients have a Medicaid Number but not filed by these numbers.

**Indexed by:** Computer indexed by provider name and type of service.

**Standard Cutoff:** At end of each calendar year

**Retention Requirement:**

**State Law or Regulation:**


**Federal Law or Regulation:**

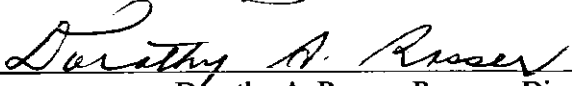
**Audit Period** Three (3) years

**Administrative Needs:** Four (4) years

**Total Retention:** Four (4) years

*The above retention period is consistent with the requirements of the Georgia Records act (O.C.G.A. 50-18-90 et seq.). We submit this retention schedule to the State Records Committee with the recommendation that it be approved for the named record sites.*

Authorized by:  9/8/98  
Carolyn Ferrell, Director, Chronic Care Programs Division Date

Concur:  9-8-98  
Dorothy A. Rosser, Program Director Date

Submitted by:  9/10/98  
Jacquelyn Rainey, Procurement & Services Officer Date

The State Records Committee approves this recommendation retention period for the named records series by the named creating office.

Signed:  9/23/98  
Edward Weldon, Secretary of State Designee Date

**STATE OF GEORGIA  
STORAGE REFERENCE AND DISPOSITION PLAN  
RESOURCE IMPACT PROJECTION**

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Authorizing Schedule #:98-0058

(Agency use)  
**Date:** 8-19-98

(Archives use)  
**Date Received:** 08/20/98

**Agency Control No.:** 85-83 and 81-393

**Agency Code:** 0419

**Control No.:** 980420-01

**Series Title:** Quality Assurance/Utilization Review Files.

**Current Accumulation:** Eight (8) file drawers.

**Annual Accumulation:** Volume will double each year based on growth in provider and recipient participation.

**Reference Activity:** Once every other year. Increase may occur if previous hearing inquiries are made.

**Series Inventory:** See Attachment.

**Storage Containers:** 10 x 12 x 15.

**Special Storage Conditions:** Confidential Records

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**Proposed disposition Instructions:**

**Cutoff records of series:** This agency recommends that the file series be cut off at the end of each calendar year.

**Maintain in the office for:** Two (2) years.

**Transfer to:** State Records Center.

**Hold:** Three (2) years.

**Then:** Destroy

*The information provided above about the records is true and accurate. The proposed disposition instructions will efficiently protect the rights and interest of the creating agency, the State of Georgia, and the public.*

Signed: Dorothy A. Rosser 9/8/98  
Creating Office Administrator Dorothy A. Rosser, Program Director Date

Submitted by: Jacquelyn Rainey 9/10/98  
Records Management Officer, Jacquelyn Rainey, Procurement & Services Officer Date

*The Office of Secretary of State, Department of Archives and History agrees to provide storage and reference services for these records in accordance with this Storage and Disposition Plan. Changes in media, rate of accumulation, reference activity or required storage conditions may require renegotiations of the agreement.*

Accepted by: Edward Weldon 9/23/98  
Edward Weldon, Secretary of State Designee Date